

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-015-20892

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OR
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

YATES PETROLEUM CORPORATION

3. Address of Operator

105 South Fourth Street - Artesia, NM 88210

4. Well Location

Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line

Section 20

Township 20S

Range 28E

NMPM

Eddy

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3250' GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Test additional Bone Springs intervals ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Propose to test additional Bone Springs interval as follows:

1. Perforate 5718-5876' w/15 holes (1 SPF) as follows: 5718, 20, 22, 24, 26, 23, 39, 42, 43, 51, 54, 56, 61, 68 & 5876'.
2. Straddle perforations 5823-5876' and acidize with 1500 gallons 7-1/2% NEFE HCL acid with ballsealers.
3. Straddle perforations 5718-5726' and acidize with 500 gallons 7-1/2% NEFE HCL acid with ball sealers.
4. Straddle 5718-5876' and swab test.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE Production Clerk

DATE Dec. 20, 1993

505-748-1471
TELEPHONE NO.

TYPE OR PRINT NAME Rusty Klein

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT I

TITLE

DATE

DEC 29 1993

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: